IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Ruiping LI et al.

Application No. 10/606,120

Confirmation No.: 3667

Customer No.: 30678

Filing Date: June 26, 2003

Atty. Docket No.: 22373-00005-US2

For: ADAPTIVE SEGMENTATION OF

ANATOMIC REGIONS IN

MEDICAL IMAGES WITH FUZZY

CLUSTERING

177V

Revocation and Power of Attorney

Commissioner for Patents P.O. Box 1450 Alexandria. VA 22313-1450

Sir:

All previous powers of attorney and authorizations of agent are hereby revoked, and the undersigned hereby appoints the attorneys and agents of Connolly Bove Lodge & Hutz LLP associated with U.S. Patent and Trademark Office ("PTO") Customer Number 30678 to prosecute this application and any U.S., foreign, or international application under the Patent Cooperation Treaty based on it and to transact all business in the PTO connected therewith, and to receive all communications from the PTO, including the patent document. The authority under this Power of Attorney of each person listed under the aforementioned PTO Customer Number shall automatically terminate and be revoked upon such person ceasing to be associated with Connolly Bove Lodge & Hutz LLP.

Applicants: Ruiping LI et al. Application No.: 10/606,120

Designation of Correspondence Address

Please send all notices, official letters, documents, communications, and other correspondence regarding this application to:

Connolly Bove Lodge & Hutz LLP 1990 M Street NW, Suite 800 Washington, DC 20036-3425

or to the address currently associated with PTO Customer Number 30678. Please also record the above-mentioned Attorney Docket Number in any applicable databases.

Certificate Under 37 C.F.R. § 3.73(b)

Riverain Medical Group, LLC, is the assignee of the entire right, title, and interest in this patent by virtue of an assignment from Deus Technologies, LLC to Riverain Medical Group, LLC, recorded in the records of the PTO on September 16, 2004 at Reel 015134, Frame 0069. To the best of the undersigned's knowledge and belief, the titles are in the name of said assignee. The undersigned, whose title is supplied below, is empowered to sign this certificate on behalf of Riverain Medical Group, LLC.

Signed:	Date: 11/1/06
Name: Daniel L: Hman	
Title: C.F.O.	
Riverain Medical Group, LLC	